

**Justification for Acquisition and Use of an Office Printer  
Request Form**

**USER INFORMATION**

Name: \_\_\_\_\_ Position Title & Grade: \_\_\_\_\_  
Bldg/Room #: \_\_\_\_\_ Department/Branch or Section: \_\_\_\_\_  
Office Phone Number: \_\_\_\_\_ Current printer location (Applicable): \_\_\_\_\_

**PRINTER INFORMATION (complete the justification area below if the printer will not be used by 3 or more users)**

<input type="checkbox"/> Request Workgroup Printer	<input type="checkbox"/> Request Single Office Printer	<input type="checkbox"/> Replacement
<input type="checkbox"/> Medium Volume B&W Laser Duplex Printer (HP P3015DN) \$ 725 <input type="checkbox"/> High Volume B&W Laser Duplex Printer (HP M602DN) \$ 1,165 <input type="checkbox"/> Medium Volume Color Laser Duplex (HP M451DN) \$ 365 <input type="checkbox"/> High Volume Color Laser Duplex (HP CP4525DN) \$ 1385 <input type="checkbox"/> MFP B&W Duplex Copier, scanner, fax, and printer (HP 1536DNF) \$ 269 <input type="checkbox"/> MFP Color Duplex Copier, scanner, fax, and printer (HP M276NW) \$ 335		If Replacement please provide Decal Number: _____  CAN _____

**Note:**

**Replacement Black and White Printers that have reached useful life and are not cost effective to repair are replaced at no charge. New printers or replacement color printers are charged to the department CAN.**

**JUSTIFICATION:** I am submitting this request because my job responsibilities require me to (check all that apply):

- ☐ Print sensitive, PII, or PHI documents on a regular basis documents should not be seen by all users
- ☐ Print documents related to the supervision or counseling of staff
- ☐ Based on my location there are no other printers within a reasonable walking distance
- ☐ Reasonable Accommodation based on a documented request
- ☐ Other: (Please enter reason below): \_\_\_\_\_

**SIGNATURES**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date:

**DECISION**

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
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Comments:

\_\_\_\_\_  
Chief Information Officer

\_\_\_\_\_  
Date